

Artificial Intelligence in Pharmacogenomics: Transforming Personalized Medicine

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Abstract: *Pharmacogenomics (PGx) is a cornerstone of personalized medicine, enabling the optimization of drug therapy based on individual genetic variability. However, the expanding volume and complexity of genomic, clinical, and real-world healthcare data present significant challenges for traditional analytical methods. Artificial intelligence (AI), including machine learning and deep learning approaches, has emerged as a powerful solution for analyzing large, multidimensional datasets and extracting clinically actionable insights. The integration of AI with pharmacogenomics represents a transformative advance in precision therapeutics, with the potential to improve both drug development and patient care. AI-driven pharmacogenomics models enable the identification of genetic variants associated with drug response, toxicity, and therapeutic efficacy by capturing complex, nonlinear relationships between genetic markers and pharmacological outcomes. These capabilities enhance predictions of interindividual variability in drug metabolism and treatment response, facilitating informed drug selection, individualized dose optimization, and early identification of patients at risk of adverse drug reactions. Despite its promise, the clinical implementation of AI-assisted pharmacogenomics faces challenges related to data heterogeneity and quality, limited availability of diverse datasets, model interpretability, validation, and generalizability across populations. Moreover, ethical, legal, and social considerations—including data privacy, algorithmic bias, regulatory oversight, and acceptance by clinicians and patients—must be addressed. This review summarizes current applications of AI in pharmacogenomics, discusses key challenges and ethical considerations, and highlights future directions for advancing reliable and equitable AI-driven personalized medicine*

Keywords: Personalized medicine, Artificial intelligence, Pharmacogenomics, Precision therapeutics, Omics technology

I. INTRODUCTION

Personalized medicine, also known as precision medicine, is an evolving healthcare paradigm that aims to tailor disease prevention and treatment strategies according to an individual's molecular, physiological, ecological, and behavioral characteristics.[1] This approach moves beyond traditional one-size-fits-all therapies to deliver interventions that maximize efficacy and minimize adverse effects. The completion of the Human Genome Project in 2003 marked a pivotal milestone in the advancement of personalized medicine, expanding biomedical research from genomics to a broader molecular framework. Since then, technological innovations such as high-throughput genomic and proteomic platforms, advanced imaging technologies, and wearable health monitoring devices have further accelerated progress in this field. Despite these advancements, challenges remain, including the need for more physiologically relevant human-based disease models and effective clinical translation of personalized therapies.[1,2] Nevertheless, personalized medicine holds substantial promise for transforming healthcare by improving treatment outcomes and enhancing patient quality of life.[2]

Pharmacogenomics plays a central role in personalized medicine by linking genetic variability to differences in drug response. The integration of artificial intelligence (AI) into pharmacogenomics has emerged as a powerful strategy to



address the complexity of large-scale genomic and clinical datasets. AI and machine learning approaches enable the identification of patterns and relationships within multidimensional data, allowing for more accurate predictions of drug efficacy, toxicity, and optimal dosing based on individual genetic profiles. This capability supports personalized treatment selection, reduces adverse drug reactions, and improves therapeutic outcomes. Furthermore, AI-driven pharmacogenomics contributes to drug discovery and development, facilitates clinical decision-making, and supports the integration of genomic data into routine healthcare practice.[1,3] Overall, the convergence of AI and pharmacogenomics represents a significant advancement in precision medicine, offering opportunities to improve patient outcomes, reduce healthcare costs, and advance the development of safer and more effective therapies(Fig-1)

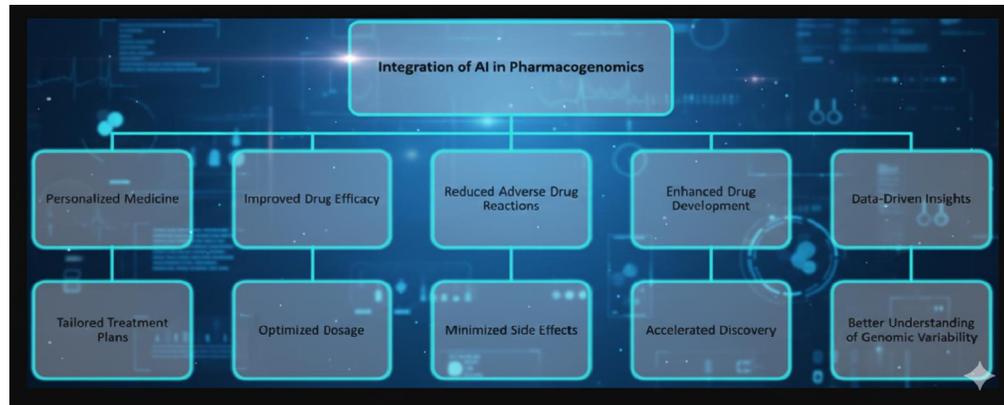


Fig:1- Integration of AI in Pharmacogenomics

Benefits:

Pharmacogenomics and personalized medicine

Pharmacogenomics examines how genetic variability influences individual responses to drugs.

It holds significant potential for advancing personalized and precision medicine.

Clinical implementation remains challenging due to limitations in data analysis, decision support, and real-world integration.[4]

The complexity of gene–drug and drug–drug interactions necessitates advanced predictive and analytical tools.

Role of artificial intelligence

Artificial intelligence (AI) and machine learning provide powerful methods to analyze complex pharmacogenomics datasets.

AI enables improved prediction and interpretation of individual drug responses, supporting precision therapeutics.[4]

Objectives of this review

To evaluate the role of AI in advancing pharmacogenomics and its application in personalized drug development and managed care.

To propose a framework integrating electronic health records (EHRs) with pharmacogenomics data for clinical decision support.

To explore AI-driven approaches to optimize medication selection and dosing.

To address challenges of polypharmacy and drug–drug interactions in chronic disease management using pharmacogenomics-informed AI tools.

Overall goal

To demonstrate how AI-powered pharmacogenomics can drive a paradigm shift in personalized medicine by improving patient outcomes and enhancing the quality and safety of healthcare delivery.



II. PHARMACOGENOMICS: THE FOUNDATION OF PRECISION MEDICINE

2.1. Genetic Variability and Its Role in Drug Response

Pharmacogenomics (PGx) is a cornerstone of precision medicine, offering insights into how genetic variability influences drug metabolism, efficacy, and toxicity. Interindividual differences in drug response often result from genetic variations that affect pharmacokinetics—drug absorption, distribution, metabolism, and excretion—and pharmacodynamics, including interactions with target receptors, enzymes, or transporters. Key genetic variations, such as single nucleotide polymorphisms (SNPs), copy number variations (CNVs), and structural rearrangements, can alter the function of enzymes and transporters involved in drug metabolism. Understanding these factors allows clinicians to tailor drug therapies to an individual’s genetic profile, enhancing therapeutic outcomes and minimizing adverse drug reactions (ADRs) [4].

Drug metabolism is primarily governed by the coordinated activity of cytochrome P450 (CYP) enzymes, phase II conjugation enzymes, and membrane-bound transporters, which regulate drug biotransformation and clearance, ultimately affecting bioavailability and therapeutic efficacy. The genetic architecture of drug metabolism is further shaped by an individual’s haplotype structure, representing inherited combinations of variants within populations [4].

Polymorphisms in drug-metabolizing enzymes can produce distinct functional phenotypes: ultra rapid (UM), extensive (EM), intermediate (IM), or poor metabolism (PM). For example, CYP2D6 variants influence the metabolism of drugs such as tamoxifen, codeine, and tricyclic antidepressants. Individuals carrying multiple functional CYP2D6 alleles may metabolize drugs too quickly, reducing efficacy, while poor metabolizers experience increased drug accumulation and toxicity. Variants in CYP2C9 and VKORC1 similarly impact warfarin metabolism, making genotype-guided dosing essential to reduce bleeding risk [4].

Genetic polymorphisms in drug transporters also contribute significantly to interindividual variability in drug response. Variants in ABCB1 (P-glycoprotein) can alter drug efflux, affecting plasma drug concentrations, whereas mutations in SLCO1B1, encoding the OATP1B1 transporter, are associated with increased risk of statin-induced myopathy. These examples illustrate how transporter polymorphisms can influence drug disposition, efficacy, and safety, highlighting the importance of integrating pharmacogenomics information into clinical decision-making [4].

By elucidating the genetic determinants of drug metabolism and transport, pharmacogenomics enables individualized therapy, optimizing drug selection and dosing while minimizing ADRs. As genomic technologies advance, incorporating pharmacogenomics testing into clinical practice promises to enhance the safety and effectiveness of therapeutics, marking a pivotal step toward truly personalized medicine.

2.2 Key pharmacogenes and pathways:[6,7,8]

Gene	Enzyme/Class	Key Drugs	Clinical Relevance
CYP2D6	Phase I CYP enzyme	Tamoxifen, Codeine, Tricyclic antidepressants	Poor metabolizers: reduced conversion of tamoxifen to endoxifen → lower efficacy; Ultra rapid metabolizers: rapid codeine to morphine conversion → increased toxicity/respiratory depression
CYP2C9	Phase I CYP enzyme	Warfarin, Phenytoin	Variants affect drug clearance → altered dose requirements; poor metabolizers → higher bleeding or toxicity risk



CYP2C19	Phase I CYP enzyme	Clopidogrel, Proton pump inhibitor	Poor metabolizers: reduced clopidogrel activation → decreased antiplatelet effect
CYP3A4	Phase I CYP enzyme	Atorvastatin, Simvastatin	Polymorphisms influence statin metabolism → efficacy and myopathy risk
CYP3A5	Phase I CYP enzyme	Tacrolimus	Functional alleles → faster metabolism, higher dose needed; non-functional alleles → accumulation, nephrotoxicity risk
UGT1A1	Phase II glucuronidation enzyme	Irinotecan	Variant UGT1A1*28 → reduced glucuronidation → impaired clearance, increased neutropenia risk; requires dose adjustment
TPMT	Phase II methylation enzyme	Azathioprine, Mercaptopurine	TPMT*2, *3A, *3C variants → reduced enzyme activity → metabolite accumulation, myelosuppression; dosing guided by genotype
NAT2	Phase II acetylation enzyme	Isoniazid	Slow acetylators → hepatotoxicity, peripheral neuropathy; rapid acetylators → subtherapeutic drug levels, potential treatment failure
ABCB1 (P-gp)	Drug transporter	Digoxin, Paclitaxel	Variants alter drug efflux → changes in plasma drug concentration and toxicity
SLCO1B1 (OATP1B1)	Drug transporter	Statins (Simvastatin, Atorvastatin)	Variants increase statin-induced myopathy risk due to altered hepatic uptake
SLC22A1 (OCT1)	Drug transporter	Metformin	Variants affect hepatic uptake → altered glycemic response
VKORC1	Pharmacodynamics target	Warfarin	Variants alter warfarin sensitivity → dose adjustments required
HLA-B*57:01	Pharmacodynamics/immune response	Abacavir	Predicts hypersensitivity reaction; screening recommended before therapy



ADRB1	Pharmacodynamics receptor	Beta-blockers	Variants affect drug response in cardiovascular disease management
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Table-1: Key pharmacogenes and pathways

III. OVERVIEW OF ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING

3.1, Artificial Intelligence: Definition and Applications

Artificial Intelligence (AI) refers to the ability of computer systems to simulate human intelligence processes such as learning, reasoning, problem-solving, and decision-making. In biomedical sciences, AI is primarily used to analyze complex datasets and extract meaningful patterns that support clinical and research decisions. Based on functionality, AI can be categorized into narrow AI, which is designed to perform specific tasks such as image recognition or data analysis, and general AI, which aims to perform a wide range of cognitive functions similar to human intelligence. In healthcare, most applications currently rely on narrow AI systems.

AI techniques commonly applied in medicine include machine learning (ML), deep learning (DL), and natural language processing (NLP). These approaches enable efficient handling of structured and unstructured healthcare data.[10,11,12]

AI Application	Impact
Clinical Trials	Reduces the time and cost of lengthy clinical trials by efficiently analyzing biochemical and genetic data
AI in Preclinical Research	AI scans genetic data to identify potential drugs more quickly, thereby reducing the duration of preclinical research.
AI in Drug Binding Models	Predicts drug interactions at the molecular level, assessing both efficiency and toxicity prior to human trials.
Drug Repurposing with AI	Identifies new uses for existing drugs by analyzing genetic-level disease data.
Predictive Analytics in Drug Discovery	Speeds up treatment availability and lowers risks associated with developing new drugs.

Table-2: Applications of AI

3.2, Role of Artificial Intelligence in Pharmacogenomics

Artificial Intelligence (AI) and Machine Learning (ML) play a vital role in pharmacogenomics by enabling the effective analysis of complex genetic and clinical data that influence individual drug responses. Pharmacogenomics datasets involve multiple genetic variants, gene–drug interactions, and patient-specific factors, which are difficult to interpret using conventional analytical approaches. AI-based models overcome these limitations by identifying complex and non-linear relationships within large datasets.

One of the key contributions of AI in pharmacogenomics is drug response prediction. ML algorithms evaluate genetic polymorphisms in drug-metabolizing enzymes, transporters, and drug targets to predict therapeutic efficacy and variability in treatment outcomes. This facilitates the selection of the most appropriate medication for individual patients.

AI also enhances adverse drug reaction prediction by integrating pharmacogenomics data with clinical and demographic information. By identifying genetic risk factors associated with drug toxicity, AI helps improve drug safety and reduces the incidence of treatment-related complications.

Another important application is pharmacogenomics biomarker identification. AI-driven approaches can uncover novel biomarkers and gene–drug associations, supporting patient stratification and the development of personalized treatment strategies.



In addition, AI contributes to precision dosing by predicting optimal drug doses based on genetic makeup and metabolic capacity, particularly for drugs with narrow therapeutic indices. Natural Language Processing (NLP) further supports pharmacogenomics by extracting relevant genetic and clinical information from electronic health records and biomedical literature.

Overall, AI and ML serve as essential tools in pharmacogenomics by enhancing data interpretation, improving therapeutic decision-making, and advancing personalized medicine.[13,14,15,16,17,18,19,20,21,22]

3.3, Role of AI in health care

Artificial Intelligence (AI) has emerged as a transformative technology in healthcare by enabling efficient analysis of large and complex medical datasets. Modern healthcare systems generate vast amounts of data from electronic health records (EHRs), medical imaging, genomics, and clinical reports. AI techniques allow meaningful interpretation of these data to support clinical decision-making and improve patient outcomes.

One of the major roles of AI in healthcare is disease diagnosis and early detection. Machine learning and deep learning algorithms are widely used in medical imaging to identify patterns associated with diseases such as cancer, cardiovascular disorders, and neurological conditions. AI-based diagnostic systems often demonstrate accuracy comparable to, or higher than, traditional diagnostic methods, thereby supporting clinicians in making timely and accurate diagnoses. AI also plays an important role in treatment planning and personalized medicine. By integrating patient-specific data such as genetic information, medical history, and lifestyle factors, AI systems can recommend individualized treatment strategies. This approach improves therapeutic efficacy and reduces the risk of adverse drug reactions, particularly in precision medicine and pharmacogenomics. One of its major uses is in “Clinical Decision Support Systems (CDSS).” AI tools are used to provide recommendations to medical practitioners about drug selection, doses, and managing diseases. Artificial intelligence helps with predictive analytics and risk probability assessments by pointing out those who are most likely to have a specific disease. This helps with early treatment and effective use of healthcare resources. Further, AI improves the efficiency of healthcare and workflow. Natural Language Processing (NLP) helps in deriving meaningful patient data from unorganized data in the form of doctor's opinions and clinical reports. Automation of administrative tasks helps in reducing the burden of healthcare personnel and helps them concentrate on patient care. In sum, the role of AI in healthcare involves its use in enhancing the accuracy of diagnoses, personalizing treatments, ensuring patient safety, and enhancing operational efficiency in healthcare providers. Adopting AI in the health sector can be a major leap towards precise and patient-centric healthcare solutions. One of its major uses is in “Clinical Decision Support Systems (CDSS).” AI tools are used to provide recommendations to medical practitioners about drug selection, doses, and managing diseases. Artificial intelligence helps with predictive analytics and risk probability assessments by pointing out those who are most likely to have a specific disease. This helps with early treatment and effective use of healthcare resources. Further, AI improves the efficiency of healthcare and workflow. Natural Language Processing (NLP) helps in deriving meaningful patient data from unorganized data in the form of doctor's opinions and clinical reports. Automation of administrative tasks helps in reducing the burden of healthcare personnel and helps them concentrate on patient care. In sum, the role of AI in healthcare involves its use in enhancing the accuracy of diagnoses, personalizing treatments, ensuring patient safety, and enhancing operational efficiency in healthcare providers. Adopting AI in the health sector can be a major leap towards precise and patient-centric healthcare solutions [25, 26,27,28]

IV. DATA SOURCES IN PHARMACOGENOMICS

Pharmacogenomics combines various biological and clinical data sources to examine inter, person variations in drug response. Of these, omics technologies have always been at the center and continue to gain importance as they offer extensive, system, level perspectives of drug metabolism, effectiveness, and side effects. One of the major facets of pharmacogenomics is the initiation of customized therapies and safe drugs as per tailored genetic profiles of individuals. For the most part, pharmacogenomics data are drug, response, regulating, genes (DRRGs), sequencing,



limit, gene therapy, genetic, drug, interaction, disciplinary technologies. Effective pharmacogenomics data use depends on genomic, multi, omics, clinical, and knowledge, based resources contributing in unison. Omics Technologies as Core Data Sources. Among the omics technologies, genomics represents the most general and concrete pharmacogenomics technology. Genomics is the study of DNA sequence variations which include SNPs, insertions, deletions, and copy number variations. These genetic changes can differentially affect the enzymes involved in drug metabolism and target proteins leading to altered or different responses to drugs. Clinical pharmacogenomics testing extensively uses genome data to provide gene drug dosing recommendations as well as to guide therapy. Transcriptomics is the study of RNA molecules that determines their levels of expression and hence it helps in understanding the regulation of genes that lead to drug response. It can change along the time and, therefore, reflect responses to different situations such as drugs, environment, and diseases while genomics is constant for an individual. This data is useful for explaining heterogeneous drug responses and mechanisms of drug resistance. Proteomics studies the structure, expression, and function of proteins, which are the main targets of the majority of therapeutic drugs. Proteomic information reveals important details on drug, target interactions, signaling pathways, and post, translational modifications. Finding protein biomarkers in proteomics can help to predict therapeutic outcomes and adverse drug reactions.

Metabolomics studies the small molecule metabolites which are the end products of cellular processes. Since metabolites always reflect biochemical activity and drug metabolism, metabolomics can offer a real, time drug response and toxicological state portrait. It is especially effective in monitoring treatment effectiveness and characterizing metabolic phenotypes.

Combining these data, called multi, omics analysis, reveals a complete picture of pharmacogenomics mechanisms. Multi-omics studies help to discover new biomarkers, increase prediction accuracy, and enable precision medicine. Thanks to the large number and complex nature of omics data, it is usually necessary to use advanced computational tools like artificial intelligence for their integration and analysis. Other Supporting Data Sources. Besides omics technologies, clinical and electronic health record (EHR) data offer real, world patient information such as demographics, diagnoses, medication history, and treatment outcomes. These data facilitate the implementation of pharmacogenomics discoveries into clinical settings. Clinical trials and cohort studies provide well organized datasets that are used to confirm pharmacogenomics biomarkers and evaluate the safety and efficacy of drugs. Knowledge based resources such as Pharm GKB and CPIC guidelines collect gene drug associations and give recommendations for clinical use supported by evidence. In summary, pharmacogenomics is a field that draws data from several sources, however, the mainstay of the whole process is the use of omics technologies, which provide comprehensive molecular information that facilitate drug therapy at a personal and precision level.[30,31,32,33,34,35]

V. AI TECHNIQUES USED IN PHARMACOGENOMICS

The increasing usage of Artificial Intelligence (AI) approaches in pharmacogenomics helps to evaluate large-scale genomics, omics, and clinical data, hence predicting individual variability in response to drugs. The approach helps to solve the complexity of gene–drug interaction models and facilitates the personalization of medicine.

5.1, Machine Learning:

Machine Learning is the most dominant technique used in Pharmacogenomics. Supervised Learning Techniques, including random forests, Support Vector Machines, Decision Trees, are used to forecast the efficacy, toxicity, or adverse drug reactions based on genotype-phenotype correlations. Unsupervised Learning Techniques, such as clustering analysis, dimensionality reduction, are used for the stratification of patients or discovery of biomarkers. Machine Learning Tools are commonly used for the classification of metabolizer phenotype, gene-drug interactions.

5.2. Deep learning

Deep learning is an aspect of machine learning that employs multilayer artificial neural networks to analyze high dimensional data, including complete genome sequencing and multi-omics data. Deep learning algorithms are very useful in understanding the intricately correlated and nonlinear biological relationships and have shown better



performance in the prediction of pharmacological response and pharmacogenomics biomarkers than conventional methods.

5.3. Natural Language Processing (NLP)

Natural language processing allows for the retrieval of pharmacogenomics data from unstructured sources, such as electronic health records, clinical documentation, and biomedical literature. NLP tools facilitate the processes of knowledge integration, annotation of variants, and decision support by pointing to the appropriate variants, medications, and outcomes.

5.4. Predictive Modeling and Clinical Decision Support

AI-based Predictive Models combine genetic and omics data with clinical data to enable Clinical Decision Support Systems to aid medical decision-making regarding the selection and dosing of pharmaceutical agents and the evaluation of potential adverse drug reactions.

5.5. Systems Biology and Network-Based Approaches

AI methods are also used for analyses related to network biology and systems biology to predict interactions between genes, proteins, and drugs. AI helps to understand pharmacological pathways and to identify the pivotal molecule influencing the drug response mechanism effectively.

In conclusion, techniques in AI are important computational resources in pharmacogenomics, as they improve the integration of data, increase the accuracy of prediction, and facilitate the implementation of genetic knowledge in the treatment of patients according to their individual pharmacogenomics requirements.

VI. ROLE OF AI IN PHARMACOGENOMICS ANALYSIS*

A major component of pharmacogenomics research and translation is the utilization of Artificial Intelligence (AI) to rapidly and correctly interpret intricate genetic, multi-Omics, and clinic data that ultimately shape patient responses to drugs. Indeed, pharmacogenomics data are extremely diverse and are of high dimensionality, encompassing the interaction among different genes, pathways, as well as other environmental variables. These are difficult to capture using conventional methods compared to AI.

The main use of AI in pharmacogenomics revolves around gene–drug interaction identification. Machine learning algorithms assess the influence of genetic differences in certain pharmacologically active enzyme proteins, which either pump, inactivate, or target drugs, enabling enhanced prediction of how an individual responds to drugs.

AI further improves drug response and toxicity prediction through the integration of pharmacogenomics information along with clinical information including age, gender, disease, and concomitant medications. Predictive models assist in the identification of those at risk of drug toxicity and in making appropriate drug choices.

AI also contributes to biomarker discovery and stratification of patients. Unsupervised machine learning and deep learning algorithms help identify new pharmacogenomics biomarkers and assign patients to homogeneous groups based on similar response profiles to drugs. This holds high value in the case of precision medicine and cancer treatments, where the response to treatments is quite heterogeneous among patients.

AI also supports the integration of multi-omics data, which includes genomics, transcriptomics, proteomics, and metabolomics analysis, offering an integrated understanding of the mechanism of drug action and response. The analysis of multi-omics data helps in increasing the consistency of pharmacogenomics predictions.

Further, the pharmacogenomics analysis performed by artificial intelligence technology can be used to support medical decision-making systems, providing professionals with the ability to interpret complex genetic data to formulate decisions for patients.

In general, AI functions as an important analytical tool in pharmacogenomics by offering better data analysis, increased predictive power, and faster translation of genetic information into personalized healthcare.[36,37,38,39,40,41]



VII. CLINICAL APPLICATIONS OF AI-ASSISTED PHARMACOGENOMICS

7.1 Oncology

AI has been revolutionizing cancer care by drastically enhancing the diagnosis, treatment, and patient outcomes in various areas. For instance, deep learning models have the capability to analyze medical images at a level of accuracy equivalent or even superior to human experts. One such instance is the detection of melanoma and other skin cancers by these models: the AI's performance was on the same level as that of board certified dermatologists.[54] As far as breast cancer screening goes, AI algorithms can evaluate mammograms almost as accurately as doctors and are capable of spotting faint traces in CT and pathology images that can be overlooked even by experienced humans.[54]

The AI has a hand in figuring out the patient's reaction towards different treatments by interpreting the patient's genetic data, the tumor profile, and patient history. Using machine learning, models can detect which drug susceptibility genes are present and even forecast the success of the treatment, thus greatly helping personalized medicine. Such models can also figure out gene mutations straight from pathology images, thereby revealing molecular information without the need for extra tests.[54] Risk prediction models driven by AI can predict the patient's prognosis accurately and, at the same time, the clinician will be able to prioritize the interventions correctly, which in turn will lead to more patient preference aligned, goal, concordant care.

Besides that, AI is capable of automating a lot of tasks that take up a lot of time and effort, for example, it can analyze the thousands of genomic mutations that characterize one tumor, make a pathologists' review of slides unnecessary, and pull out the desired information from the medical literature that is so huge in quantity. This not only diminishes healthcare providers' stress but also the latter get to spend more time with the patients while at the same time diagnostic accuracy gets improved.[55]

7.2 Cardiovascular disorders

Artificial intelligence (AI) is a major driving force behind the revolution in cardiology: diagnoses, therapies, and patient care all benefit from this new technology. Machine learning and deep learning, both branches of AI; find their uses in cardiovascular imaging, prediction of risks, and medication and therapy. Clinical data that is usually inaccessible or unmanageable by humans for analysis can be readily digested and utilized by AI, based healthcare systems to uncover complex disease mechanisms and out of the, box therapeutic options [56] For example, AI can now help us map coronary artery disease, measure the ejection fraction of the left ventricle, and understand echo, and MR imaging of the heart at a level of accuracy that sometimes surpasses human experts [55] Likewise, the ability of AI to detect subtle changes on an electrocardiogram (ECG) to predict the onset of aortic stenosis and atrial fibrillation has been proven with neural network models trained on large, scale datasets that have sensitivity and specificity close to or even exceeding the gold standard [56] Furthermore, AI has the potential to greatly enhance the field of pharmacogenomics and drug therapy by, for instance, offering new insights into individual variance in warfarin sensitivity and uncovering new drug able targets [55] Although problems with patient data confidentiality, unfairness, and irreproducibility remain to be addressed, the use of AI in cardiovascular medicine is expected to significantly enhance diagnostic precision, facilitate preventive treatment, and improve therapeutic outcomes [56]

7.3 Neurology and Psychiatric

Psychiatric and neurological disorders mostly come with a need for long, term pharmacotherapy; different people react very differently to the same treatment. AI assisted pharmacogenomics is a great tool to predict how a patient will respond to antidepressants, antipsychotics, and antiepileptic drugs by checking the genes that are responsible for the metabolism of the drugs and neurotransmitter pathways. AI models help to choose the right drug for each individual, lessen the trial, and error method of prescribing, and limit the side effects, thus helping to keep up with treatment and bettering the condition of the patient.[57,58]



VIII. AI IN DRUG DISCOVERY AND DEVELOPMENT*

Artificial Intelligence has established itself as a useful ally within the pharmaceutical sector by countering the challenges that come along with conventional methods, such as being expensive, time-consuming, and experiencing high failure rates. Artificial Intelligence ensures the efficient evaluation of large-scale biological, chemical, as well as pharmacogenomics, data, thereby speeding up the search for new drugs.

AI methods are extensively utilized for target identification and validation, wherein machine learning algorithms work on genomic, transcriptomic, and proteomic information to identify genes and biological pathways associated with disease, thereby improving target-based drug development and lowering attrition rates in the initial stages.

In drug design and lead optimization, artificial intelligence models are used to perform virtual screening of compound libraries, predict the interactions between the drug and target, and optimize the properties of the drug molecules. Deep learning techniques are also employed to predict pharmacokinetic and pharmacodynamics properties such as ADME & TOX or ADMET mentioned above.

AI has a very important application in the area of toxicity and safety predictions, as it makes it possible for scientists to detect potentially dangerous compounds at an early stage, before they begin any clinical trials.

This, as a result, reduces the costs of development as well as makes the drugs safer for consumption.

During the process of clinical development, AI assists in the designing of trials, patient stratification, and predicting responses. With the integration of pharmacogenomics information, AI models can now identify the subpopulation of patients who are more likely to respond to treatment and thereby enhance success rates in clinical trials.

The future of drug development, therefore, seems to hold a paradigm shift in the development of medications using AI.[42,43,44,45,46,47]

IX. BENEFITS OF AI-DRIVEN PHARMACOGENOMICS

AI-Powered Pharmacogenomics: AI-powered pharmacogenomics systems have various advantages when considering the promotion of personalized and precision medicine. These systems can efficiently process complex genetic, multi-omics, and clinical data. This process helps to improve drug choice, dosage calculation accuracy, and treatment efficacy while lowering healthcare risks and costs.

One of the major benefits offered by this technology is the improvement in drug response prediction. This is because the AI algorithms assess the genetic variants of drug metabolizing enzymes, transporters, and drug targets as well as the clinical data of the particular patient for the accurate prediction of drug efficacy.

AI pharmacogenomics also plays a significant role in the reduction of adverse drug reactions (ADR). The identification of genetic tendencies linked to drug toxicity or drug metabolism by AI models helps the doctor in planning the dosages, thereby increasing the safety of the patients.

The other key advantage offered by the system is the efficient discovery of biomarkers. Through the use of AI, it is now possible to discover new pharmacogenomics biomarkers by identifying complex gene and drug, as well as gene and gene, relationships that cannot be identified through analytical methods. Biomarkers play a critical role in stratification and targeted therapy development.

AI can be utilized to integrate multi-Omics data such as genomics, transcriptomics, proteomics, and metabolomics to present an entire view of drug response mechanisms. This integration will increase the relevance and accuracy of pharmacogenomics analysis.

Moreover, the use of AI synergies with pharmacogenomics increases the efficiency and cost-effectiveness of care by reducing try-and-error therapy and cutting costs related to ineffective therapies and adverse events.

In sum, pharmacogenomics with AI technology improves the safety, efficacy, and efficiency of therapies and is an essential element of personalized healthcare.[48,49,50,51,52,53]



X. CHALLENGES AND LIMITATIONS OF AI-DRIVEN PHARMACOGENOMICS:

Although there is great promise within the use of AI in the field of pharmacogenomics, there are some challenges and limitations in the implementation of AI-based pharmacogenomics.

Quality and availability of data are among the key considerations. Pharmacogenomics studies involve large amounts of high-quality data that are linked to genomics, multi-omics, and clinical information. Unfortunately, such data are typically not comprehensive, vary in their characteristics, and are focused on particular groups. This affects the generalization of predictive capabilities of AI.

A second major obstacle is the complexity of biological systems. There are several genes that affect drug response, as well as environmental factors, comorbid conditions, and drug interactions. Although it is not impossible to identify complex patterns by using artificial intelligence, it is hard to capture the whole biological reality.

There is also a concern regarding the interpretability and explain ability of AI models. Some of the most advanced methods of AI, especially deep learning networks, are known as “black-box” systems because of the difficulties in understanding how they produce certain predictions regarding a patient.

Ethical considerations, the law, and privacy concerns also restrict the use of pharmacogenomics applications powered by AI technology. The application of genetic information poses concerns about data protection and the misuse of information. It is important to comply with the law and ethical guidelines.

There are, however, some hurdles when it comes to its implementation in the clinic, which include infrastructure, cost, and the availability of personnel with the expertise needed to incorporate these tools into health care. There are also differences in health care guidelines, which limit the applicability of these models.

In general, though AI-based pharmacogenomics has tremendous potential, addressing these challenges becomes essential for pharmacogenomics being accurate, ethical, and fair in personalized medicine. [59,60,61,62,63,64]

XI. FUTURE PERSPECTIVES AND EMERGING TRENDS IN AI-DRIVEN PHARMACOGENOMICS

The future of pharmacogenomics driven by AI is inextricably linked to the development of personalized medicine. As computing capabilities improve, more sophisticated AI solutions are expected to be at the forefront of applying pharmacogenomics in medicine.

One of the biggest upcoming trends, which is also considered to be a significant one in the upcoming years, is the integration of multi-omics data at an unprecedented scale. The upcoming models of artificial intelligence, which will be more precise and accurate, will encompass the aspects of genomics, transcriptomics, proteomics, metabolomics, and epigenomics.

The other key area of interest is the creation of explainable and interpretable AI models. For easier adoption and acceptance by clinical professionals and regulatory bodies, future models of AI will be transparent and enable clinical professionals to interpret how genomic and clinical variables inform drug response predictions.

One of the emerging future outlooks is the development of AI-assisted clinical decision support systems with increased capabilities. The AI-assisted clinical decision support systems will incorporate the use of pharmacogenomics data and interact with the electronic health record system to provide real-time and personalized recommendations to the patient regarding the treatments to be undertaken.

Other rising trends involve the application of AI in population-scale pharmacogenomics. Large bio banks and international genomic projects will make it possible for AI models to include ethnic and population differences, thereby rectifying any existing biases and improving generalizability in pharmacogenomics prediction in this area.

In addition, improvements in regulatory environments, data governance, and ethics are also believed to influence the future landscape of pharmacogenomics using AI. Improved data sharing infrastructure and privacy-preserving approaches using AI, such as federated learning, will help collaborative research with preserved patient anonymity.

In the end, the combination of AI, multi-omics technologies, and clinical data will allow a transition of pharmacogenomics from a research-focused discipline into widely implemented clinical tools, opening the route toward safer, more effective, and truly personalized drug therapy. [65,66,67,68,69,70,71]



XII. ROLE OF HEALTHCARE PROFESSIONALS IN AI-BASED PHARMACOGENOMICS

Successful application of AI, based pharmacogenomics in healthcare depends to a great extent on healthcare professionals being very active participants, as they are the ones who connect the use of advanced computational tools to patient, centered care. A clinical pharmacist is the professional who may ensure pharmaceuticals are chosen and properly dosed by interpreting AI, generated pharmacogenomics data. Besides that, drug, related problems can be avoided and medication safety ensured. They also play a major role in helping clinicians to incorporate AI, based pharmacogenomics tools into their daily clinical workflows and to patient education for personalized drug therapy. Doctors take advantage of AI, assistance in utilizing pharmacogenomics data to make clinical decisions and come up with treatment plans that best fit the genetic profiles of patients, taking into account their diseases, other illnesses, and what kind of treatment they prefer. Their clinical judgment is vital for confirming AI suggestions and using them effectively for patient care. A genetic counselor is a professional who interprets genetic test results and also assists patients in understanding the possible implications of pharmacogenomics knowledge, as well as, the ethical, legal, and social issues involved in the use of genetic data. The teamwork of pharmacists, physicians, and genetic counselors ensures that AI outputs are understood correctly, pharmacogenomics data is used ethically, and AI- based pharmacogenomics is integrated into personalized medicine effectively.[72,73,74,75,76]

XIII. CONCLUSION

The rapid advancement of artificial intelligence (AI) has been widely recognized as a transformative force in the pharmaceutical sector, particularly in the field of pharmacogenomics. AI has elevated personalized medicine by enabling more precise prediction of drug efficacy and toxicity, thereby improving therapeutic outcomes and patient safety. The scalability of AI technologies, combined with the integration of large genomic and transcriptomic datasets through machine learning and computational approaches, has significantly enhanced predictive accuracy and facilitated data-driven clinical decision-making. Despite its considerable promise, several challenges must be addressed before AI-driven pharmacogenomics can be fully integrated into routine clinical practice. These include population-based data variability, algorithmic bias, limited interpretability of complex AI models, and unresolved ethical, technical, and regulatory concerns. Overcoming these barriers will require access to high-quality, standardized datasets, development of transparent and explainable AI models, and robust regulatory frameworks that ensure patient safety and data privacy. Furthermore, strong multidisciplinary collaboration among computer scientists, pharmacologists, geneticists, and clinicians is essential to translate AI-generated insights into clinically actionable tools. Continued efforts to enhance model robustness, interpretability, and regulatory compliance will support broader adoption of AI in pharmacogenomics. In conclusion, the convergence of artificial intelligence and pharmacogenomics represents a crucial step toward safer, more effective, and truly personalized drug therapy.

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REFERENCES

- [1]. M.Y. Rykov [The evolution of personalized medicine: publications review] Probl Sotsialnoi Gig Zdravookhranennii Istor Med, 30 (6) (2022), pp. 1211-1219
- [2]. S. Visvikis-Siest, et al. Milestones in personalized medicine: from the ancient time to nowadays—the provocation of COVID-19 Front Genet, 11 (2020), Article 569175.
- [3]. N. Bezdienieznykh, V. Reznikova, O. Rossylina Scientific-practical and legal problems of implementation of the personalized medicine. Exp Oncol (2017)



- [4]. D.B. Singh The impact of pharmacogenomics in personalized medicine *Current Applications of Pharmaceutical Biotechnology* (2020), pp. 369-394
- [5]. Ahmed, S.; Zhou, Z.; Zhou, J.; Chen, S.Q. Pharmacogenomics of Drug Metabolizing Enzymes and Transporters: Relevance to Precision Medicine. *Genom. Proteom. Bioinform.* 2016, 14, 298–313. [[Google Scholar](#)] [[CrossRef](#)]
- [6]. Nahid, N.A.; Johnson, J.A. CYP2D6 pharmacogenetics and phenoconversion in personalized medicine. *Expert Opin. Drug Metab. Toxicol.* 2022, 18, 769–785. [[Google Scholar](#)] [[CrossRef](#)]
- [7]. Sissung, T.M.; Goey, A.K.; Ley, A.M.; Strobe, J.D.; Figg, W.D. Pharmacogenetics of membrane transporters: A review of current approaches. *Methods Mol. Biol.* 2014, 1175, 91–120.
- [8]. Adithan, C.; Subathra, A. NAT2 gene polymorphism: Covert drug interaction causing phenytoin toxicity. *Indian J. Med. Res.* 2016, 143, 542–544. [[Google Scholar](#)] [[CrossRef](#)] [[PubMed](#)]
- [9]. Urbančič, D.; Jukič, M.; Šmid, A.; Gobec, S.; Jazbec, J.; Mlinarič-Raščan, I. Thiopurine S-methyltransferase—An important intersection of drug-drug interactions in thiopurine treatment. *Biomed. Pharmacother.* 2025, 184, 117893. [[Google Scholar](#)] [[CrossRef](#)]
- [10]. Unissa, A.N.; Sukumar, S.; Hanna, L.E. The Role of N-Acetyl Transferases on Isoniazid Resistance from Mycobacterium tuberculosis and Human: An In Silico Approach. *Tuberc. Respir. Dis.* 2017, 80, 255–264.
- [11]. Russell S, Norvig P. Artificial Intelligence: A Modern Approach. 4th ed. Pearson; 2021.
- [12]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine.* 2019;25(1):44–56.
- [13]. Esteva A, et al. A guide to deep learning in healthcare. *Nature Medicine.* 2019;25(1):24–29.
- [14]. Relling MV, Evans WE. Pharmacogenomics in the clinic. *Nature.* 2015;526(7573) 343–350. Ingelman-Sundberg 343–350.
- [15]. Ingelman-Sundberg M. Pharmacogenomic biomarkers for prediction of severe adverse drug reactions. *New England Journal of Medicine.* 2008;358(6):637–639.
- [16]. Whirl-Carrillo M, et al. Pharmacogenomics knowledge for personalized medicine. *Clinical Pharmacology & Therapeutics.* 2012;92(4):414–417.
- [17]. Chen R, et al. Machine learning approaches for pharmacogenomics. *Briefings in Bioinformatics.* 2021;22(5):bbab153.
- [18]. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nature Reviews Genetics.* 2015;16(6):321–332.
- [19]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine.* 2019;25(1):44–56.
- [20]. Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA.* 2018;319(13):1317–1318.
- [21]. Horgan D, et al. An overview of precision medicine and the role of pharmacogenomics. *Public Health Genomics.* 2020;23(1–2):5–12.
- [22]. Vamathevan J, et al. Applications of machine learning in drug discovery and development. *Nature Reviews Drug Discovery.* 2019;18(6):463–477.
- [23]. Hicks JK, et al. Clinical pharmacogenetics implementation consortium (CPIC) guideline development. *Clinical Pharmacology & Therapeutics.* 2019;105(1):40–50.
- [24]. . Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nature Medicine.* 2019;25(1):44–56
- [25]. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *New England Journal of Medicine.* 2019;380(14):1347–1358.
- [26]. Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA.* 2018;319(13):1317–1318.
- [27]. Esteva A, et al. A guide to deep learning in healthcare. *Nature Medicine.* 2019;25(1):24–29.



- [28]. Jiang F, et al. Artificial intelligence in healthcare: past, present and future. *Stroke and Vascular Neurology*. 2017;2(4):230–243.
- [29]. Ramesh AN, et al. Artificial intelligence in medicine. *Annals of the Royal College of Surgeons of England*. 2004;86(5):334–338.
- [30]. Relling MV, Evans WE. Pharmacogenomics in the clinic. *Nature*. 2015;526(7573):343–350.
- [31]. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biology*. 2017;18:83.
- [32]. Ashley EA. Towards precision medicine. *Nature Reviews Genetics*. 2016;17(9):507–522.
- [33]. Aebersold R, Mann M. Mass-spectrometric exploration of proteome structure and function. *Nature*. 2016;537(7620):347–355.
- [34]. Johnson CH, Ivanisevic J, Siuzdak G. Metabolomics: beyond biomarkers and towards mechanisms. *Nat Rev Mol Cell Biol*. 2016;17(7):451–459.
- [35]. Chen R, et al. Machine learning approaches in pharmacogenomics. *Briefings in Bioinformatics*. 2021;22(5):bbab153.
- [36]. Relling MV, Evans WE. Pharmacogenomics in the clinic. *Nature*. 2015;526(7573):343–350.
- [37]. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nat Rev Genet*. 2015;16(6):321–332.
- [38]. Chen R, et al. Machine learning approaches in pharmacogenomics. *Brief Bioinform*. 2021;22(5):bbab153.
- [39]. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507–522.
- [40]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44–56.
- [41]. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biol*. 2017;18:83.
- [42]. Paul D, Sanap G, Shenoy S, Kalyane D, Kalia K, Tekade RK. Artificial intelligence in drug discovery and development. *Drug Discov Today*. 2021;26(1):80–93.
- [43]. Vamathevan J, et al. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discov*. 2019;18(6):463–477.
- [44]. Zhavoronkov A, et al. Deep learning enables rapid identification of potent drug candidates. *Nat Biotechnol*. 2019;37(9):1038–1040.
- [45]. Ekins S, Puhl AC, Zorn KM, et al. Exploiting machine learning for end-to-end drug discovery and development. *Nat Mater*. 2019;18(5):435–441.
- [46]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44–56.
- [47]. Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discRelling MV, Evans WE. Pharmacogenomics in the clinic. *Nature*. 2015;526(7573):343–350.
- [48]. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507–522.
- [49]. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nat Rev Genet*. 2015;16(6):321–332.
- [50]. Chen R, et al. Machine learning approaches in pharmacogenomics. *Brief Bioinform*. 2021;22(5):bbab153.
- [51]. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biol*. 2017;18:83.
- [52]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44–56.
- [53]. overy. *Drug Discov Today*. 2018;23(6):1241–1250.
- [54]. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *N Engl J Med*. 2019; 380: 1347- 1358.
- [55]. Ehteshami Bejnordi B, Veta M, Johannes van Diest P, et al. Diagnostic assessment of deep learning algorithms for detection of lymph node metastases in women with breast cancer. *JAMA*. 2017; 318: 2199-2210
- [56]. LeCun Y, Bengio Y, Hinton G. Deep learning. *Nature*. 2015;521:436-444.



- [57]. Bousman CA, Hopwood M. Commercial pharmacogenetic-based decision-support tools in psychiatry. *Lancet Psychiatry*. 2016;3(6):585–590.
- [58]. Stingl JC, Brockmøller J, Viviani R. Genetic variability of drug-metabolizing enzymes in psychiatry. *Mol Psychiatry*. 2013;18(3):273–287.
- [59]. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nat Rev Genet*. 2015;16(6):321–332.
- [60]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44–56.
- [61]. Relling MV, Evans WE. Pharmacogenomics in the clinic. *Nature*. 2015;526(7573):343–350.
- [62]. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507–522.
- [63]. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biol*. 2017;18:83.
- [64]. Mittelstadt BD, et al. The ethics of algorithms. *Big Data Soc*. 2016;3(2):1–21.
- [65]. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507–522.
- [66]. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44–56.
- [67]. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biol*. 2017;18:83.
- [68]. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nat Rev Genet*. 2015;16(6):321–332.
- [69]. Chen R, et al. Machine learning approaches in pharmacogenomics. *Brief Bioinform*. 2021;22(5):bbab153.
- [70]. Roden DM, McLeod HL, Relling MV, et al. Pharmacogenomics. *Lancet*. 2019;394(10197):521–532.
- [71]. Mittelstadt BD, et al. The ethics of algorithms in healthcare. *Big Data Soc*. 2016;3(2):1–21
- [72]. Relling MV, Evans WE. Pharmacogenomics in the clinic. *Nature*. 2015;526(7573):343–350.
- [73]. Roden DM, McLeod HL, Relling MV, et al. Pharmacogenomics. *Lancet*. 2019;394(10197):521–532.
- [74]. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507–522.
- [75]. Johnson JA, Cavallari LH. Pharmacogenetics and cardiovascular disease. *Clin Pharmacol Ther*. 2015;97(3):248–260.
- [76]. Mittelstadt BD, et al. The ethics of algorithms in healthcare. *Big Data Soc*. 2016;3(2):1–21

